

Stere

AIG

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SND 7641S Yr Regn: 24/1/22Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Audi A4 c.c. 1984Colour: Gray A/C: Insured / Std / Nil / NASp. Reading: 5570 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: WAV 222F46 NN 012872Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/55R17R: 17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Pirelli

Front

R/Bal. 4 mmL/Bal. 4 mmD.O.A. 21/5/22Survey held at PremiumDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

MV-230K

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L.B.F. (\$ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL

PREMIUM AUTOMOBILES



55 UBI ROAD 1, SINGAPORE 408699
TEL : 6366 2323 FAX : 6841 1183
EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

ESTIMATE	:	ACCIDENT REPAIRS
WORKSHOP	:	UBI ROAD 1
CONTACT NO	:	6366 2323
FAX NO	:	6841 1183
REFERENCE	:	PA/OD/0428/2022/JT
DATE	:	26-May-22
WIP	:	25540

VEHICLE IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 27/5/22

AIG ASIA PACIFIC INSURANCE PTE LTD
78 SHENTON WAY
#07-16 AIG BUILDING
SINGAPORE 079120
Attn: Motor Claims Dept
Tel: 6880 4602 - Fax: 6880 4838

OWNER'S NAME	:	MR TAY SOH ENG
ADDRESS	:	145 SERANGOON AVE3 #05-01 SINGAPORE 556122
TELEPHONE	:	HP +65 97952092
TYPE OF CLAIM	:	OWN DAMAGE CLAIM
POLICY NO	:	7220007807
VEHICLE NO	:	SND 7641 S
MODEL CODE	:	AUDI A4 2.0 TFSI S TRONIC
MODEL YEAR	:	24/1/2022
ENGINE NO	:	DEM 035355
CHASSIS NO	:	WAUZZZF46NN002872
MILEAGE	:	-
DATE IN	:	-
ESTIMATED BY	:	JOHNNY BOO / ALLAN WU
ACCIDENT DATE	:	24-May-22
PLACE OF ACCIDENT	:	CAPITOL PLAZZA

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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SNO 7641 S

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE, CHECK AND TRANSFER FRONT WIRE HARNESS FOR HEADLIGHTS, HORNS , OUTSIDE TEMPERATURE SENSOR, HEADLIGHT WASHER ASSY AND FRONT PARKING AID.	S/N \$ 480.00	/
2	TO REMOVE AND TRANSFER RHS HEADLIGHT'S CONTROL UNIT AND POWER MODULE.	S/N \$ 350.00	250
3	TO REMOVE AND REINSTALL AIRCON CONDENSER, ADDITIONAL RADIATOR AND RADIATOR. CHECK ELECTRICAL FANS AND CONTROL UNIT.	S/N \$ 1,400.00	?
4	TO CARRY OUT PRESSURISE, VACUUM AND REGAS FOR R1234.	S/N \$ 1,200.00	?
5	TO CARRY OUT FIRST MEASUREMENT ON CAR O-LINER.	S/N \$ 800.00	X
6	TO DISMANTLE AND REINSTALL RHS FRONT DOOR PANEL TRIM. TO REMOVE AND REINSTALL RHS WING MIRROR ASSY TO FACILITATE RESPRAY FOR RHS FRONT DOOR.	S/N \$ 280.00	X
SUB TOTAL LABOUR CHARGES		: \$ 4,510.00	

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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SND 7641 S

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
7	TO SETUP VEHICLE ON CAR O-LINER TO FACILITATE THE REPAIR.	\$ 2,400.00	X
8	TO DISMANTLE AND RENEW FRONT BUMPER, RHS FRONT FENDER AND RHS HEADLIGHT. TO REPAIR BONNET. TO CUT OUT AND WELD RHS FRONT FENDER TOP SUPPORT. TO RENEW FRONT LOCK CARRIER AND ALIGN TO POSITION. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 6,500.00	1250
9	TO RESPRAY FRONT BUMPER, BONNET, RHS FRONT FENDER TOP SUPPORT, RHS FRONT FENDER AND RHS FRONT DOOR.	\$ 4,500.00	1915
10	TO RENEW RHS FRONT RIM WITH TYRE. TO CARRY OUT PRE/POST WHEEL ALIGNMENT.	\$ 520.00	X
11	TO CARRY OUT PRE/POST DIAGNOSTIC CHECK.	\$ 384.00	192
TOTAL LABOUR CHARGES		\$ 18,814.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SND 7641 S

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
1	FRONT BUMPER ✓ <i>BR</i>	1	\$	2,377.00	
2	FRONT BUMPER FIXING PARTS ?	1	\$	393.00	
3	FRONT BUMPER SECURING STRIP ✓ <i>BT</i>	2	\$	79.00	
4	FRONT BUMPER CLOSING ELEMENT - LOWER CENTER ?	1	\$	293.00	
5	FRONT BUMPER AIR GUIDE - RH ✓ <i>BR</i>	1	\$	51.00	
6	FRONT BUMPER CLOSING ELEMENT - UPPER CENTER ?	1	\$	293.00	
7	FRONT BUMPER AIR GUIDE GRILLE - RH ✓ <i>CUT</i>	1	\$	151.00	
8	FRONT BUMPER TRIM - RH ✓ <i>CUT</i>	1	\$	54.00	
9	RADIATOR GRILLE ?	1	\$	1,754.00	
10	FRONT BUMPER REINFORCEMENT BEAM X	1	\$	899.00	
11	FRONT BUMPER FOAM FILLER PIECE X	1	\$	212.00	
12	FRONT BUMPER GUIDE SECTION - RH ✓ <i>BR</i>	1	\$	41.00	
13	FRONT BUMPER BRACKET - RH X	1	\$	254.00	
14	FRONT BUMPER TOP COVER ✓ <i>CUT</i>	1	\$	143.00	
15	CAUTION STICKER ✓ <i>AL</i>	1	\$	16.00	
16	AIR COND STICKER ✓ <i>AL</i>	1	\$	9.00	
17	FRONT BUMPER LOCK CARRIER BRACKET ? ✓ <i>BR</i>	1	\$	154.00	
18	FRONT BUMPER SUPPORT - LH / RH ?	2	\$	64.00	
19	FRONT BUMPER POP RIVET ?	4	\$	4.00	
20	FRONT PARKING AID SENSOR - INNER / OUTER ?	2	\$	530.00	
SUB TOTAL SPARE PARTS		:	\$	7,771.00	

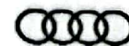
ALL CHARGES ARE NOT INCLUSIVE OF GST
LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APPROVED
SPARE PARTS ARE SPECIAL NETT.

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SND 7641 S

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
21	FRONT PARKING AID SENSOR SEAL RING / <i>MC</i>	4	\$	10.00
22	FRONT BUMPER WIRING SET ?	1	\$	642.00
23	HORN - RH ?	1	\$	139.00
24	HORN SUPPORT - RH ?	1	\$	33.00
25	FRONT FENDER - RH / <i>DD</i>	1	\$	1,227.00
26	FRONT FENDER ATTACHMENT PARTS X	1	\$	211.00
27	FRONT FENDER CLOSING ELEMENT - RH / <i>MC</i>	1	\$	81.00
28	FRONT FENDER BRACKET - RH / <i>BT</i>	1	\$	41.00
29	FRONT FENDER BRACKET CENTER - RH / <i>BT</i>	1	\$	55.00
30	FRONT FENDER POP RIVET / <i>MC</i>	7	\$	27.00
31	FRONT FENDER BRACKET END - RH ?	1	\$	36.00
32	FRONT FENDER BRACE - RH / <i>BT</i>	1	\$	132.00
33	FRONT FENDER CLOSING ELEMENT - RH X	1	\$	37.00
34	FRONT FENDER TOP CAP - RH X	1	\$	13.00
35	FRONT WHEEL HOUSING LINER - RH / <i>CRW</i>	1	\$	262.00
36	FRONT WHEEL HOUSING LINER ATTACHMENT PARTS / <i>MC</i>	1	\$	149.00
37	FRONT WHEEL SPOILER - RH / <i>BR</i>	1	\$	82.00
38	FRONT WHEEL SPOILER LOWER - RH X	1	\$	40.00
39	FRONT FENDER LEDGE COVER LONG - RH / <i>BR</i>	1	\$	35.00
40	HEADLAMPS COVER - RH / <i>BR</i>	1	\$	49.00
SUB TOTAL SPARE PARTS		:	\$ 3,301.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SND 7641 S

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
41	FRONT FENDER LEDGE COVER - RH INNER ?	1	\$	68.00	
42	HEADLIGHT - RH / BR	1	\$	8,172.00	
43	HEADLIGHT HOSE ?	1	\$	42.00	
44	SPACER / BT	3	\$	136.00	
45	CABLE TIES ?	1	\$	2.00	
46	LIFT CYLINDER - RH / BR	1	\$	231.00	
47	LIFT CYLINDER BRACKET / MIS ?	1	\$	7.00	
48	LIFT CYLINDER CORRUGATED PIPE ?	1	\$	107.00	
49	LIFT CYLINDER CORRUGATED PIPE - RH ?	1	\$	53.00	
50	WASH WATER RESERVOIR ?	1	\$	160.00	
51	LOCK CARRIER ?	1	\$	1,127.00	
52	LOCK CARRIER SUPPORT - RH ?	1	\$	43.00	
53	OUTSIDE TEMPERATURE SENSOR BRACKET X	1	\$	21.00	
54	RADIATOR COOLANT ?	6	\$	282.00	
55	RADIATOR AIR GUIDE - RH ?	1	\$	51.00	
56	RADIATOR AIR GUIDE - LH / RH OUTER ?	2	\$	38.00	
57	RADIATOR AIR GUIDE - UPPER X	1	\$	19.00	
58	RADIATOR AIR GUIDE - LOWER X	1	\$	25.00	
59	FRONT FENDER CONNECTING PLATE - RH LOWER X R	1	\$	279.00	
60	FRONT FENDER CONNECTING PLATE - RH UPPER X R	1	\$	241.00	
SUB TOTAL SPARE PARTS			\$	11,104.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SND 7641 S

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
61	NOISE INSULATION ?	1	\$	640.00	
62	FRONT DOOR WINDOW SLOT SEAL TRIM STRIP - RH X	1	\$	344.00	
63	FRONT ON PLATE ?	S/N	\$	60.00	
64	RHS FRONT RIM X	S/N		TBC	
65	ARYLIC SEALANT X	S/N	\$	180.00	
66	CAVITY WAX X	S/N	\$	140.00	
67	METAL FILLER POWDER X	S/N	\$	280.00	
68	STONE CHIP X	S/N	\$	180.00	
69	SUNDRIES X ?		\$	600.00	
TOTAL SPARE PARTS		:	\$	24,600.00	
TOTAL LABOUR CHARGES		:	\$	18,814.00	
GRAND TOTAL		:	\$	43,414.00	

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NAME :
SURVEYED DATE :
AUTHORISED DATE :
EXCESS COST :
LIABILITY :
REMARKS :

Steve (LKK)
27/5/22, 11.00

00-14 AL
~~we~~ Expen - ?
6 yrs
P/P
by M Y

PLEASE NOTE :

THIS ESTIMATE IS BASED ON VISUAL INSPECTION OF THE AFFECTED VEHICLE. SHOULD WE REQUIRE FURTHER LABOUR CHARGES AND SPARE PARTS IN THE PROGRESS OF REPAIR, WE SHALL INFORM YOU ACCORDINGLY. FOR INSPECTION OF VEHICLE, PLEASE REFER TO MS. NORAH KHAI AT TEL: 6768 9828 / 6768 9911 FOR APPOINTMENT.

YOURS FAITHFULLY,
PREMIUM AUTOMOBILES PTE LTD

JOHNNY BOO
BODY REPAIR MANAGER

ALLAN WU
CLAIMS CONSULTANT

- LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before/after spray painting
 - To display damaged part(s) during resurvey
 - Parts prices are subject to confirmation
 - Third party survey is on a "Without Prejudice" basis
 - No illegal modification(s) is allowed
 - Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 25/05/2022 12:13 (SGT)
Date of Accident 24/05/2022 20:30 (SGT)
Exact Location of Accident 13 Stamford Rd, Singapore 178905
Additional Location Information CAPITOL PLAZZA
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SND7641S
INSURED/POLICYHOLDER
Is company? No
Name Of Registered Owner TAY SOH ENG
NRIC No SXXXX679D
Email Address ALICETAN128@GMAIL.COM
Mobile Phone No (Phone) +65-97952092
Alternative Phone No +65-97952092

VEHICLE PARTICULARS

Manufacturer Audi
Model A4
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? Yes
Vehicle Category Private car
Transmission Manual
CC 1984

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 7220007807
Cover Note Number -

DRIVER

Name of Driver WEE TECK HOCK
NRIC No SXXXX186I



Accident report SP0R225P0003

Date Of Birth	17/06/1955
Occupation	Indoor
Date Of Driving Pass	24/03/1979
Driving experience	43 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90711128
Alt. Phone Number	-
Email Address	WEETECKHOCK@GMAIL.COM
Address	145 SERANGOON AVE 3
Address complement	#05-01
Postcode	556122
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TREVOR CHAN
Gender	Male

PASSENGER 2

Name	BECKY WEE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AT AROUND 2030 PM I WAS DRIVING DOWN THE CAR PARK AT CAPITOL FROM THE FIFTH FLOOR. I WAS TRYING TO AVOID THE LEFT SIDE BUT THE CAR HIT THE WALL ON THE RIGHT SIDE (GOING DOWN THE CAR PARK).

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	-
-----------------------------	---

Vehicle Manufacturer	"
Vehicle Model	"
Vehicle Variant	"
Vehicle Colour	"
Vehicle Category	NA / Unknown
Name of Driver	"
Contact Number	"
Address	"
Address complement	"
Postcode	"
Insurance Company Name	"
Nature Of Damage	"
Details of property damaged in accident	"
No. Of Passenger (Including Driver)	"

SKETCH PLAN**IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorized Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation**.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes and packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

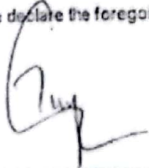
Sketch Plan

Describe Circumstances of the Accident

At around 8.30 pm I was driving down
the carpark at Capitol from the fifth
floor I was trying to avoid the left
side but the car hid the way on
the right side (going down the carpark)

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time



Driver's Signature (if driver is not the policyholder) / Date
& Time



Witnessed by Reporting Centre
Personnel